



## TRAVEL DETAILS

**DATE** Depart from 1<sup>st</sup> Antrim halls at  
7:00 on Friday 24<sup>th</sup> November 06  
Returning at approximately 11:00

**COST** £8.00 – covers transport and entry



## Note for Parent/Guardian

There will be leaders present inside the Leisure complex at all times and although we cannot prevent young people from leaving the premises, if they so desire, we strongly recommend that they remain within the building at all times. We would ask that Parents/Guardian reinforce this message.

The young people will be given the opportunity to avail of the fast food restaurants within the Ice Bowl complex and also on the journey home if they so desire.

**For any further details contact Lyle Creighton, on 07821286525**

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## IT IS IMPORTANT THAT YOUR PARENT / GUARDIAN COMPLETE THIS SLIP

Please detach and return to Lyle Creighton or Jason McMahon by the 24<sup>th</sup> November 06

I hereby grant permission for \_\_\_\_\_ to be a member of the 1st Antrim Youth club Trip to Dundonald Ice Bowl on 24<sup>th</sup> November 2006.

Please indicate their preferred activity **10 Pin Bowling** / **Ice Skating** / **Neither**

I note that the group will leave 1<sup>st</sup> Antrim halls at 7:00pm and will return there again at approximately 11pm.

I have read the instructions issued in connection with the trip and I understand that, while the trip will be carefully supervised, for part of the evening the young people will be "free" to pursue their own activities within the Leisure Complex. The youth club leader cannot accept personal responsibility for any accident and consequent injury which may occur. I also agree that during the trip my son/daughter\* will be traveling by public transport..

Do you grant permission for pictures of the event which may contain images of my son/daughter to be published on the club web site . Please tick one

(\*delete as appropriate)

☐

yes

☐

no

Please indicate below any medical condition your child may have and also the name and address of your doctor.

Medical condition \_\_\_\_\_

Name and address of doctor \_\_\_\_\_

In the case of emergency please contact \_\_\_\_\_ at \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_